

# Mission Hills School



## APPLICATION FOR ADMISSION

(To be completed by student's parents or guardian)

Applying for grade \_\_\_\_\_ Fall/Spring 20\_\_\_\_\_

Date of Application \_\_\_\_\_ / \_\_\_\_\_ / 20\_\_\_\_\_

Student's Full Name: \_\_\_\_\_  
Last First Middle Name

Student's Primary Address: \_\_\_\_\_  
Street City State Zip

Student's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Ethnicity: (pick from these options)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> African-American/Black | <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino/Mexican |
| <input type="checkbox"/> Pakistani              | <input type="checkbox"/> Caucasian/White               | <input type="checkbox"/> East Indian (India)     |
| <input type="checkbox"/> Afghan                 | <input type="checkbox"/> Chinese                       | <input type="checkbox"/> Filipino                |
| <input type="checkbox"/> Persian                | <input type="checkbox"/> Japanese                      | <input type="checkbox"/> Native Hawaiian         |
| <input type="checkbox"/> Korean                 | <input type="checkbox"/> Vietnamese                    | <input type="checkbox"/> Other _____             |

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Current School Address: \_\_\_\_\_  
Street City State Zip

Current School Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**FAMILY INFORMATION | PARENT 1**

Parent's Name: \_\_\_\_\_  
Last First

Parent's Occupation: \_\_\_\_\_ Parent's relationship to Applicant: \_\_\_\_\_

Parent's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Parent's Employer: \_\_\_\_\_

Parent's Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer Address: \_\_\_\_\_

Parent's Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Home Address: (if other than that of Applicant)

\_\_\_\_\_

Street City State Zip

**FAMILY INFORMATION | PARENT 2**

Parent's Name: \_\_\_\_\_  
Last First

Parent's Occupation: \_\_\_\_\_ Parent's relationship to Applicant: \_\_\_\_\_

Parent's Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Parent's Employer: \_\_\_\_\_

Parent's Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer Address: \_\_\_\_\_

Parent's Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Home Address: (if other than that of Applicant)

\_\_\_\_\_

Street City State Zip

**FAMILY INFORMATION | STEP-PARENT OR LEGAL GUARDIAN (if applicable)**

Name: \_\_\_\_\_  
Last First

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Employer Address: \_\_\_\_\_

Day Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Cell Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ \_\_\_\_\_

Email Address: \_\_\_\_\_

\_\_\_\_\_

Home Address: (if other than that of Applicant)

\_\_\_\_\_

Street City State Zip

**FAMILY INFORMATION | OTHER**

Student lives with (pick from these options):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Both Parents         | <input type="checkbox"/> Mother               | <input type="checkbox"/> Father   |
| <input type="checkbox"/> Mother & Step-Father | <input type="checkbox"/> Father & Step-Mother | <input type="checkbox"/> Both Parents in Different Households<br>(Court Documents required) |
| <input type="checkbox"/> Guardian             | <input type="checkbox"/> Grandparent (s)      |   |

If child is adopted, how long has he/she lived with you? \_\_\_\_\_

